



**ARIZONA DEPARTMENT OF PUBLIC SAFETY**

**ARMED SECURITY GUARD  
TRAINING VERIFICATION**

*This form must be completed by a licensed security guard  
agency and mailed to the D.P.S. licensing office.*

**LICENSING MAILING ADDRESS**

Arizona Department of Public Safety  
Mail Drop No. 1160  
P. O. Box 6328  
Phoenix, AZ 85005-6328

**SECURITY GUARD INFORMATION:**

SECURITY GUARD NAME

DATE OF BIRTH

STATE LICENSE NO.

**INSTRUCTOR INFORMATION:** *(to be completed by instructor only)*

TYPE OF WEAPON QUALIFIED WITH

TRAINING COMPLETED

DATE COMPLETED

☐ Revolver

☐ Semi-Auto

☐ 16-Hours

☐ 8-Hours

CERTIFICATION TYPE (NRA-type, AZPOST / ALEOAC, DOC)

INSTRUCTOR'S AGENCY NAME

INSTRUCTOR'S NAME

**X**

SIGNATURE OF INSTRUCTOR

DATE

**AGENCY INFORMATION:**

**As required by A.R.S. §32-2632, the above named security guard has completed a Department of Public Safety approved training program.**

AGENCY NAME

AGENCY LICENSE NO.

TRAINING CURRICULUM ON FILE WITH DPS?

**X**

SIGNATURE OF AGENCY LICENSEE (OR AUTHORIZED SIGNER)

DATE